



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

JAMES E. MCGREEVEY
Governor

MEMORANDUM

SUSAN BASS LEVIN
Commissioner

TO: CMFOs, CCFOs, CTCs, CPWMs, RMCs

FROM: Daniel J. Kaminski, Manager, Certification Unit
for Matthew U. Watkins, Director
Division of Local Government Services

SUBJECT: Individual Continuing Education Agreement

Attached is an Individual Continuing Education Agreement for your use. This agreement is to be used for applying for continuing education credit if you are participating in a program for which the sponsor has not requested credit, but for which you believe credit is applicable.

Please complete both pages of the application **except for Part Three, "Statement of Certification."** Attach a copy of the course syllabus, seminar brochure, etc., and mail the application to my attention at the Division of Local Government Services, P.O. Box 803, Trenton, New Jersey 08625-0803. Retain a copy for your records.

It is strongly recommended that you submit the application prior to your attendance at the program. Based on the circumstances, applications submitted retroactively will be approved or denied credit at the discretion of the Division.

Upon review of the application and material submitted, you will be notified if the program has been approved or denied for credit. Upon completion of the program, complete Part Three and mail the original to the above address. Keep a copy for your records and record the appropriate information onto your "Record of Continuing Education/Certification Renewal" form.

You may duplicate this form for future use. Thank you for your efforts at continuing your professional education in the field. If you have any questions, please contact the Certification Unit at (609) 633-6349.

DJK:MUW:djk
attachment



NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF LOCAL GOVERNMENT SERVICES
Individual Continuing Education Agreement

Part 1 — Certification Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Certification #: _____

Telephone number: _____

Part 2 — Program Details

Title of Program: _____

Program Sponsor Name: _____

Date(s) of Session: _____ Time of Session: _____

Location of Session: _____

Summary of Program Content (attach detailed information):

Part 3 — Statement of Certification

Upon **conclusion** of the program, complete the following certification. Mail the original to the Certification Unit, Division of Local Government Services, Department of Community Affairs, P.O. Box 803, Trenton, New Jersey 08625-0803. **Keep a copy for your records.** Record the appropriate information onto your "Record of Continuing Education/Certification Renewal" form.

I, _____ hereby certify that I have attended the above program as approved by the Division of Local Government Services . I understand that any willful misrepresentation on my part may be grounds for action to be taken against my certification.

Signature: _____ Date: _____

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

DIVISION OF LOCAL GOVERNMENT SERVICES

Continuing Education Sponsor Agreement - Page 2

Allocation of Certification Program, Curriculum Areas and Hours			
Certification Program	Curriculum Area	Proposed Contact Hours	Approved Contact Hours (DLGS use only)
Municipal Financial Officer	Accounting	_____	
	Budgeting	_____	
	Financial and Debt Management	_____	
	Office Management and Ancillary Subjects	_____	
	Information Technology	_____	
County Finance Officer	Accounting	_____	
	Budgeting	_____	
	Financial and Debt Management	_____	
	Office Management and Ancillary Subjects	_____	
	County Fiscal Operations	_____	
	Information Technology	_____	
Tax Collector	Enforcement	_____	
	Legislation	_____	
	Reporting/Billing/Collection	_____	
	General/Secondary	_____	
	Information Technology	_____	
Public Works Manager	Technical	_____	
	Management	_____	
	Government	_____	
	Information Technology	_____	
Municipal Clerk	Elections	_____	
	Finance	_____	
	Licensing	_____	
	Records	_____	
	Professional Development	_____	
	Information Technology	_____	

For DLGS Use Only: Date Received: _____

Date Approved: _____

Comments:

Reviewer	App.	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF LOCAL GOVERNMENT SERVICES
REQUEST FOR DLGS SPEAKER

Title of program: _____

Speaker # 1 Name: _____

Material to be covered: _____

Speaker #2 Name: _____

Material to be covered: _____

Speaker # 3 Name: _____

Material to be covered: _____

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For DLGS Use Only:

#1 _____
FW _____

#2 _____

#3 _____